

<b>Case Number:</b>	CM14-0138490		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work first claimed on December 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; and extensive periods off work. In a Utilization Review Report dated August 7, 2014, the claims administrator denied a request for Norco and Lidocaine. The applicant's attorney subsequently appealed. In a progress note dated March 6, 2014, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back pain. Tramadol was refilled. In an April 17, 2014 progress note, the applicant was again placed off work, on total temporary disability. A spine surgery consultation was endorsed. Persistent complaints of low back pain were reported, but there was no explicit discussion of medication efficacy. On July 17, 2014, the applicant was asked to employ Norco and a Topical Compounded Lidocaine-Flurbiprofen containing cream. The applicant was again placed off work, on total temporary disability. It appeared "but it was not clearly stated" that both requests represented renewal requests.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 5/325mg 1 Tab #30 With Two (2) Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. In this case, however, the applicant is off work, on total temporary disability, despite ongoing usage of Norco. The attending provider has failed to outline any tangible decrements in pain or improvements in function achieved because of ongoing Norco usage. This, coupled with the fact that the applicant remains off work, does not make a compelling case for continuation for Norco. Therefore, the request was not medically necessary.

**Lidocaine 5%, Flurbiprofen 20% AP 120 Grams With Two (2) Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the Lidocaine-Flurbiprofen containing topical compound at issue, as a class, are deemed "largely experimental." In this case, the attending provider has not outlined the failure of multiple classes of first-line oral analgesics and/or adjuvant medications to justify selection and/or ongoing usage of the Lidocaine-Flurbiprofen containing compound at issue. Therefore, the request was not medically necessary.